

Bettering the Evaluation and Care of Health (BEACH): A unique role in the evolution of Australian general practice

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Understanding what we do every day as general practitioners (GPs) through a detailed and measurable approach has been, and will continue to be, crucial to strengthening our profession. I have been working with general practice information and available data sources for over 20 years and have always appreciated the ongoing role of Bettering the Evaluation and Care of Health (BEACH) as one of my principal sources of validation. Preparing applications for many research grants, justifying policy changes, introducing curricula reforms, assembling general practice workforce planning and training applications, debating primary care coding and satisfying my interest in understanding our discipline better have all benefited richly from accessing the BEACH data.

To paraphrase from its 39th and most recent book, BEACH has been continuously gathering encounter information from 1000 GPs annually for 18 years, and its database now includes information from almost 1.7 million consultations from 16,747 GP participants representing 10,340 individual GPs.¹ This has provided BEACH with a unique opportunity to strengthen the evidence base for Australian general practice.

Mapping the evolution of Australian general practice as a career and discipline

has been intriguing and, in many ways, fascinating. The research team guiding and implementing the BEACH program recently produced a document summarising the last 10 years of general practice activity. From 2005–06 to 2014–15, the percentage of female GPs has increased from 37.2% to 42.7%, the percentage of GPs in group practices of 10 or more GPs from 13.9% to 29.1%, and the percentage of GPs with Fellowship of The Royal Australian College of General Practitioners (FRACGP) from 40.7% to 63.8%. In the same period there has been an increase in the management of general and unspecified problems from 15.1 per 100 encounters to 19.9 per 100. More detailed analyses reveal that there have been significant increases in consultations for musculoskeletal problems (17.2 to 18.5 per 100 encounters), psychological problems (11.1 to 13.6) and endocrine and metabolic issues/problems (11.6 to 13.0). BEACH data reveal that from 2005–06 to 2014–15 there were 2.5 million more occasions of depression management, 2 million more check-ups, 1.9 million more contacts for back pain, and almost 900,000 more occasions for the management of atrial fibrillation and atrial flutter.¹ Because of BEACH's longevity, we now have this published record of the evolution of Australian general practice.

Why does that matter? General practice as a part of primary care is complex. This complexity should be tackled and better understood. A strong and well-understood primary care and general practice is crucial to a sound and robust health system.² This complexity made the organised gathering of evidence and information about general practice difficult, particularly in the early days of general practice research. Britt and Miller and their team have systematically, and in a very determined manner, documented what is core to general practice. General practice is the cornerstone of the Australian healthcare system, and at the heart of this foundation is the consultation. This consultation has been the focus of the BEACH research model. BEACH has revealed valuable and crucial consultation snapshots and insights that have, in many ways, shaped our research;³ clinical,⁴ epidemiological and pharmacovigilance practices;⁵ training;⁶ infectious disease trends; policy; and pragmatic understanding of general practice. Britt and Miller and their team have unashamedly informed this debate for almost 20 years, and for that they should rightly be proud of their achievements.

There are caveats. BEACH does not look at administrative or hospital work, or work conducted in other settings. It

is also not easily able to capture the real complexity of general practice, the impact of multiple clinical factors that influence a GP's decision, and the psychosocial impact of the consultation. BEACH has not been able to link to clinical outcomes. But the BEACH team did not set out to do this. The legacy of BEACH is not just the vital general practice consultation information gathered for 18 years from over 10,000 GPs, but how the team successfully shaped and informed the Australian general practice/primary care policy, quality and research agenda. It is a valuable and enduring legacy.

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